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Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PC97000010323**
1. Corporation Name
1196 ROYAL PALM BEACH BOULEVARD, INC.

Principal Place of Business
**1196 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH, FL 33411
US**

Mailing Address
**612 N. ORANGE AVE.
SUITE D-5
JUPITER, FL 33458**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
JANUARY 1997

4. FEI Number
65-0745507

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 **MICHAEL J. LIDFFI**

82 Street Address (P.O. Box Number is Not Acceptable)
612 NORTH ORANGE AVE.

83 **SUITE D-5**

84 City
JUPITER FL 85 **33458**

11. Pursuant to the provisions of Sections 607.002 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Each change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **MICHAEL J. LIDFFI PRESIDENT** 4-20-98

12. OFFICERS AND DIRECTORS

TITLE **DIRECTOR** NAME **WILLIAM S. ONZILL** DELETE
STREET ADDRESS **745 FLAMINGO WAY**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE **DIRECTOR** NAME **PETER S. VAN KURAN** DELETE
STREET ADDRESS **1001 ALKANTARA AVE**
CITY-ST-ZIP **JUPITER, FL 33477**

TITLE DELETE NAME DELETE
STREET ADDRESS DELETE
CITY-ST-ZIP DELETE

TITLE DELETE NAME DELETE
STREET ADDRESS DELETE
CITY-ST-ZIP DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **PRESIDENT** Change Addition
3.2 NAME **MICHAEL J. LIDFFI**
3.3 STREET ADDRESS **612 N. ORANGE AVE. SUITE D-5**
3.4 CITY-ST-ZIP **JUPITER, FL 33458**

4.1 TITLE **VICE-PRES.** Change Addition
4.2 NAME **ROBERT A. VIGLIA**
4.3 STREET ADDRESS **612 N. ORANGE AVE. SUITE D-5**
4.4 CITY-ST-ZIP **JUPITER, FL 33458**

5.1 TITLE Change Addition
5.2 NAME **000002503140**
5.3 STREET ADDRESS **-04/28/98-01068-0116**
5.4 CITY-ST-ZIP *****150.00**

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this form does not qualify for the exemption stated in Section 119.07(3)(i) Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the president or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on a separate line with an address.

SIGNATURE: *[Signature]* **MICHAEL J. LIDFFI** 4-20-98 (561) 743-0488

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)